24 hours after death.

TO ATTENDING PAYSICIAN OR HOSPITAL: The law requires that the death-Certificate be executed within The bottom copy may be retained by the hospital or attending physician. NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

109 GERTIFICATE OF DEATH

10916

Reg. Dist. No. 194

1. PLACE O	F DEATH				Z. USUAL RESID	ENCE (HOME) OF D	ECEASED		
COUNTY	Howard		MARY	LAND	STATE Maryla	nd county	How	ard	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (In this place)				CITY (If outside cor	porete limits, write RURAL	end give neere	st lown)		
	idelphia		1410 1401	piecej		delphia		×	,
HOSPITAL O	R	- 100			STREET	(If ruraf gi	va focation)	1	
STREET ADDI					ADDRES\$,	
3. NAME OF			(Middle)		(Lasi)	4. DATE (Mo	nth)	(Dey) (Ye	ear)
(Type or Print		RRIETT	VALIND	A BR	OWN		lov. 5	19	55
5. SEX	6. COLOR OR	7. SINGLE, A	AARRIED, D, DIVORCED,	B. DATE OF	BIRTH	9. AGE last birthdey	# UNDER I		R 24 HR
Female	White	(Specify)	dow	Dec.	4.1879	75 yrs.	Months	Deys Hours	Min.
100. USUAL OCC	UPATION (Give kind	of work 10b	. KIND OF BUSIN		II. BIRTHPLACE (State or fo	reign country)	12.	CITIZEN OF WI	TAH
retired)	most of working life, At Home	even M	OR INDUSTRY		Maryland			COUNTRY?	
13. FATHER'S NA		1 34		1.	14. MOTHER'S MAIDE	N NAME			9
Ye	D C	dum				o mre	ırd		
	IMES B.Sull		16. SOCIAL SI	ECURITY NO.	17, INFORMANT 8		LLU		
(Yes, no, or unk.)	(If Yes, give wer or	deles of servica)	M m	•	Inmac D T	branen Desalered	170 16		
/7 No			Non	EDICAL CER		rown, Brookv:	LLIG & NIC	INTERVAL BET	WEEN
I DISEASES OR	CONDITIONS DIRECTL	Y LEADING TO DE	ATH	and delic	ICA IIO			ONSET AND	
420.01	MEDIATE CAUSE	(A) C	pronic my	rocardial	failure			5 days	
AN	TECEDENT CAUSE(S)	DUE TO						_	
DISEASES OR C	ONDITIONS, IF ANY	(B) A)	rteriosci	erotic h	eart disease	coronary		5 year	S
STATING UNDER	THE ABOVE CAUSE RLYING CAUSE LAST	DUE TO				insuffici	ency		
	CANT CONDITIONS C	ONTRIBUTING							
	I BUT NOT RELATED TO ONDITION CAUSING E	O THE	Intertroc	hanterio	fracture ri	oht. hin		1 mont	h
190. DATE OF O		19b. MAJOR FIND	INGS OF OPERATI	ON				20, AUTO	
1 9/30	/55	Inte	ertrochan	teric fr	acture right	hip		YES N	10 [X]
OR CONTRIBUTIN	WAS UNDERLYING [G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	1 OF INJURY st	(Home, ferm, fect reat, office bldg.,	ory, 2 etc.)	Ic. WHERE DID INJURY OCC	CUR? (City or town)	(Count	y) (Ste	ie)
21d. TIME OF IN.	JURY (Month) (Dey)	(Yeer) (Hour)	21e, INJURY OC		HI. HOW DID INJURY OC	CUR?			
		M,		Not while					
22. I hereb	v certify that I	attended the	deceased from	July	19 46p., 10	Nov. 5 1955	that I I	ast saw the d	ecease
alive on	Nov. 5	19.55	and that deat	h occurred at	3:00 M, from the	causes and on the	date stated	lahove	
SIGNAT	UPE					DRESS (Street, city, to		DATE 8	IGNEI
a	rules 5. V	Mutale	Lo, 17.6) M.D.	Clarksville,	Mameland		77/7/	55
23. BURIAL, CRI	EMATION, D	ATE THEREOF		F CEMETERY OR	CREMATORY	LOCATION (City, tow	vn, or county)		(State)
Buris		11-8-55		.Carmel		Sunshine 's signature	.Md.		
24. REC'D BY RE		EGISTRAR'S SIGNA	TURE					DDRESS	
DATE how	8,1955	marie (a. Whi	Taken	F.C. Higinbo	thom, Ellicot	tt Cit	y, Md.	
DATE how	8,1955	marie (e. Whi	rakes	F.C. Higino	THOM, ELLICO	ct Cit	y, Md.	

MARY LAND STATE DEPAYMENT OF NUASTE-BALTHOOM, IS 31901 HTARURO ET ADMITRED ARE do not see STREET OF ASSESSED A TOURS OF THE PARTY. CATTLE BOOK OF THE STREET OF T The same of the sa . Dr. . The able the grade it is the same of

VS A15C 1-55 10M

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10914 CEDTICICATE

10917

1. PLACE OF DEATH					2. USUAL RES	SIDENCE (HOM	E) OF D	ECEASE	D		
COUNTY Howard			MARYL	AND	STATE Man	rvland	COUNTY	How	ard		
CITY (Il autride corporate)	limits, write RURA	AL	LENGTH O	FSTAY	CITY (If outsid	e corporete limits, wri					
OR end give neerest low TOWN Ellicott	n)_		(in this p	lece)	OR	Ellicot	+ C44	77		V	
HOSPITAL OR	2703		1		STREET	BILLICOL		ve (ocation)			
, INSTITUTION OR	erloo Ro	oad			ADDRESS		loo I	Road		/	
NAME OF DECEASED	(First)	A summa demand of the state of	(Middle)		(Lest)	4. DA	TE (Mo	oth)	(Day)	(Yes	ir)
(Type or Print)	MATTHEY	V		COA	TES		ATH	Nov.	8.19	55 19	
S. SEX 6. COLOR	OR 7.	SINGLE, MARRI		8. DATE		9. AGE lest	birthday		I YEAR	IF UNDER	24 HR
Male Color		WIDOWED, DIV		Dec	24,1868	86	yrs.	Months	Days	Hours	Min.
De. USUAL OCCUPATION (Give			D OF BUSINES		11. BIRTHPLACE (Stele		,,,,,	1 1	. CITIZE	N OF WH	AT
dona during most of working		OR	INDUSTRY						COUN	TRY?	
relired Retired		Ha:	rm Work	er	Maryland	AIMPLI ALLER					_
. FATHER'S NAME					14. MOTHER'S MA	WINEN NAME					
Matthew					Unknow						
. WAS DECEASED EVER IN U			. SOCIAL SEC	URITY NO.	17. INFORMA	NT & ADDRESS					
(es, no, or unk.) (Il Yes, give	wer or detes of	SOLAICO)	None		Mrs. L	ouise Coat	es .E	llicot	t Ci	tv.Md	
DISEASES OR CONDITIONS E		1			01 11 11	.) //	11 .	11	ONS	ET AND D	EVIII
ANTECEDENT CAU DISEASES OR CONDITIONS, IF SIVING RISE TO THE ABOVE	SE(S) DUE		Tres	108	Palvuli	N De	Llfs		ONS	SEI AND D	
ANTECEDENT CAU DISEASES OR CONDITIONS, IF SIVING RISE TO THE ABOVE	SE(S) DUE 1		Teles	esteus	Palvuli Elersei Tion	N DE	Llfs		ONS	SEI AND D	
ANTECEDENT CAU DISEASES OR CONDITIONS, IF SIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE I OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT RELA	SE(S) DUE 1 CAUSE DUE 1 (C) CONS CONTRIBU	10	ara Tries	es cos	Palvuli clerose tion	N DE	Llfs		ONS	EI AND D	
ANTECEDENT CAU ISEASES OR CONDITIONS, IF INVING RISE TO THE ABOVE ITATING UNDERLYING CAUSE TOTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAU	SE(S) DUE FANY, (8) CAUSE LAST. DUE 1 (C) IONS CONTRIBU ATED TO THE USING DEATH.	TING	of OPERATION	es constitution	Valvuli clerssi tion	N DE	Llfs		20	o. Autops	Y?_
ANTECEDENT CAU DISEASES OR CONDITIONS, IF SIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE I OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAU DO DATE OF OPERATION	SE(S) DUE F ANY, (8) CAUSE LAST. DUE LAST. (C) IONS CONTRIBU ATED TO THE JSING DEATH. 19b. MA.	TING TING			tion	2			20 YES	D. AUTOPS	Y?
DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE I OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT RELA	SE(S) DUE ANY, (8) CAUSE DUE 1 LAST. (C) IONS CONTRIBU ATED TO THE ISING DEATH. 19b. MAL ING 1 21b. FORATH OF	TING OR FINDINGS PLACE (Homining Street, control of the street, co	e, ferm, fector office bldg., etc	' .'5	CLESSE LION ZIC. WHERE DID INJURY	OCCUR? (City or to		(Cou	20 YES	o. Autops	Y?
ANTECEDENT CAU DISEASES OR CONDITIONS, IF SIVING RISE TO THE ABOVE TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAU O. DATE OF OPERATION THE ACCIDENT WAS UNDERLY RE CONTRIBUTING CAUSE OF FETTHER, NOTIFY MEDICAL EXA	SE(S) DUE ANY, (8) CAUSE LAST. (C) CONS CONTRIBU ATED TO THE USING DEATH. 19b. MAL HING 21b. FDEATH OF	TING TING OR FINDINGS PLACE (Hominully street, c) (Hour) 21e., while	e, ferm, fector office bldg., etc INJURY OCCU	' .'5	tion	OCCUR? (City or to			20 YES	D. AUTOPS	Y?
ANTECEDENT CAU DISEASES OR CONDITIONS, IF SIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE I OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAU DISEASE OR CONDITION CAU DISEASE OR CONDITION TO. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF IF EITHER, NOTIFY MEDICAL EXA Id. TIME OF INJURY (Month)	SE(S) DUE ANY, (8) CAUSE DUE 1 LAST. (C) ONS CONTRIBU ATED TO THE JSING DEATH. 19b. MAJ TING 121b. PEATH OF MINER) (Day) (Yeer)	TING TING OR FINDINGS PLACE (Hominium street, community street,	e, ferm, fectors office bldg., etc INJURY OCCU le No ork at a	PRRED twhile work,	21c. WHERE DID INJURY	OCCUR? (City or to	on the	(Cou	20 YES nity)	. AUTOPS NO (Stele	cease
ANTECEDENT CAU DISEASES OR CONDITIONS, IF SIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE I OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAU DISEASE OR CONDITION OF INJURY (Monifi) 2.2. I hereby certify to alive on	SE(S) DUE ANY, (8) CAUSE DUE 1 LAST. (C) IONS CONTRIBU ATED TO THE ISING DEATH. 19b. MAJ ING 21b. DEATH OF MINER) (Day) (Yeer) That I attended The Contribution of the	TING TING PLACE (Hominum 21ee, while the decease of the decease	injury Occule No ork at that death	IRRED while work work of the w	21c. WHERE DID INJURY 211. HOW DID INJURY 21. 19 5 5, 10 1	OCCUR? (City or to	on the	(Cou	last savad abov	O. AUTOPS NO (Stele	cease
ANTECEDENT CAU ISEASES OR CONDITIONS, IF SIVING RISE TO THE ABOVE ITATING UNDERLYING CAUSE I OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAU TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAU TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAU TO THE DEATH BUT NOT RELADISEASE TO THE OF OPERATION ACCIDENT WAS UNDERLY R CONTRIBUTING CAUSE OF FETHER, NOTIFY MEDICAL EXA ID. TIME OF INJURY (Month) 2. 1 hereby certify the BIGNATURE 3. BURIAL, CREMATION,	SE(S) DUE ANY, (8) CAUSE DUE 1 LAST. (C) IONS CONTRIBU ATED TO THE ISING DEATH. IPP. MAL ING 21b. PORATH OF MINER) (Dey) (Yeer) That I attende	TING TING OR FINDINGS PLACE (Hominulury street, company) (Hour) 21e, Whith the decertification and	INJURY OCCU. IN JURY OCCU. IN JURY OCCU. IN JURY OCCU. IN No No No No No No No No No No	PRRED twhile control of the control	21c. WHERE DID INJURY 211. HOW DID INJURY 21. 19 5 5, 10 1	OCCUR? (City or to	on the	(Cou	last savad abov	w the de	cease Ghe

Pre. B. E. X.1

SEASO MESSAGE HEAD TO PHEMISSAGED STATE ON THESE 00101 HTASC TO ETADIFITIED FERTH Canal theater service and the service at ALL TRANSCE - martin and a fine the second of the second EUREAU V. S. DEC I DEC Personal and a find and a start will as a

10915 CERTIFICATE OF DEATH

	F DEATH		2. USUAL RESID	ENCE (HOME) OF DECEASE	D
COUNTY	Howard	MARYLAND	STATE Maryl	and county Howai	rđ
OR and	tside corporate limits, write RURAL (ive neerest town) Ellicott City	LENGTH OF STAY (in this place)	OR	rporete limits, write RURAL and give nee	erest town)
HOSPITAL O		57 yrs	TOWN E	llicott City	1
INSTITUTION STREET ADDI	OR	าลสั	ADDRESS	(If rural give location) New Cut Road	
3. NAME OF	(First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (You
(Type or Print	SOPHIE 6. COLOR OR 7. SINGLE, N		DAT T		16th. 19
Female	Colored (Specify)	idowed A	ug. 5, 1898	57 yrs. Months	Days Hours
relined) Wa	most of working life, even if shing & Ironing Ir	or industry own Home for		land	COUNTRY?
13. FATHER'S NA	Richard Dent		14. MOTHER'S MAIDE		
IS. WAS DECEA	SED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO		ster Jane Johnson	
(Yes, no, or unk.)		None		Manderville 81 No	cott City,
ANI DISEASES OR C	MEDIATE CAUSE (A) ECEDENT CAUSE(S) DUE TO ONDITIONS, IF ANY, (B) THE ABOVE CAUSE LAST, DUE TO LYING CAUSE LAST, DUE TO		Jacob Jacob	onia	
STATING UNDER			D Tr. P. D.	- Vasaular Diseas	2 54RS
TO THE DEATH	CANT CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE SNODTION CAUSING DEATH.	Erlericosel	iroler Carde	O - Vissouene person	9 9/113
TO THE DEATH DISFASE OR CO	CANT CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE SONDITION CAUSING DEATH, 19b. MAJOR FINDI	NGS OF OPERATION	_		20. AUTOPS YES NO
11 OTHER SIGNIE TO THE DEATH DISEASE OR CO 19a. DATE OF O 21a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIFY	CANT CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE SINDITION CAUSING DEATH, PERATION 19b. MAJOR FINDI WAS UNDERLYING 121b, PLACE OF INJURY str MEDICAL EXAMINER;	NGS OF OPERATION (Home, farm, factory, eeel, office bldg., etc.)	21c. WHERE DID INJURY OCC	CUR? (City or lown) (Cou	20. AUTOPS YES NO
II OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19-0. DATE OF OTH 21a. ACCIDENT OR CONTRIBUTING (IF EITHER, NOTIF) 21d. TIME OF INJ	CANT CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE SHOTION CAUSING DEATH, PERATION 19b. MAJOR FINDI WAS UNDERLYING 21b. PLACE STICAUSE OF DEATH OF INJURY at	NGS OF OPERATION (Home, farm, factory, eet, office bidg., etc.) 21e. INJURY OCCURED While Not while at work story	21c. WHERE DID INJURY OC	CUR? (City or lown) (Coul	20. AUTOPS YES NO No (Stote)

ST HODMITTAN-HYZAFF OF THEMPEND TVATE ON ALVEAU 314211 HYARO RO STADISTRATE - srid drught 5 Book and and In-60 DUFFL STOR A STATE OF THE PARTY OF THE STATE OF THE STA House State Tolland Man for the Haufflyers of the 1991 BUREAU V. E. THE PARTY OF THE PARTY INC. COLCORD STRONG

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10919

10916 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HOWard MARYLAND	STATE Md. COUNTY Baltimore
CITY (If outside corporete limits, write RURAL on end give neerest town) TOWN Ellicott City LENGTH OF STAY (in this place) 1 yr.	CITY (If outside corporeie limits, write RURAL and give neerest town) OR TOWN RUPAL - Parkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer Conv. Retreat	STREET (If rural give location) ADDRESS Dairy Rd.
3. NAME OF (First) (Middle) DECEASED (Type or Print) MATY F ¹	(Last) 4. DATE (Month) (Day) [Year] Dick DEATH NOV. 16 1055
Female White Spartdow Nov.	TE OF BIRTH 9. AGE lost birthdey 13. 1867 9. AGE lost birthdey Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even W OR INDUSTRY OWN home	II. BIRTHPLACE (Stole or foreign country) Liverpool, England 12. CITIZEN OF WHAT COUNTRY? U.S.A.
Henry Cartwright	14. MOTHER'S MAIDEN NAME Mary Statham
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mrs. Ralph Stahler, Parkton, Md.
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH THE MEDICAL CONTROL OF	- Colon with Metastices 14
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	,
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, Iarm, Jectory, OF CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while et work et work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from January alive on 11-15, 1957, and that death occurred SIGNATURE	d at S. C. M, from the causes and on the date stated above. ADDRESS (Street, city, town, state) DATE SIGNES
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Nov.19,1955 Chestnut	. (1986)
DATE REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Lougheran	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

£220 MIASO ROTATRICATA PARTIES AND THE RELEASE A THE PROPERTY AND ADDRESS OF THE PARTY AND AD resides (sector) and a sector EUREAU V. M. 9961 81 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1810920

10917 CERTIFICATE OF DEATH

			1
Rev.	Dist.	No.	

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Laward MARYLAND	STATE Mansland COUNTY Mante.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest /own)
OR and give nearest town) (in this place)	OR TOWN B + 11
A fullow of mas.	- Devilarandle
IIOSPITAL OR INSTITUTION OR O	STREET (If rural give location) ADDRESS
90 STREET ADDRESS	V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED:	OF W
5. SEX: 5. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: DEATH: Arenchy & 1955 OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 8. DATE	Months: Days Hours Min.
(Specify): damed stept	20 1869 0-6 yrs.
10s. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF work done during most of working life. INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
even if retired):/	13. T. 16 Mel 115A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME!
N - 12 00	M 11. PT
- Hathan F. Deall	Marcelline Develor
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	INFORMANT & ADDRESS:
If no service) - //	les. Nethe Barson Burtonoulle Med
18. MEDICAL CERTIFICATI	ON
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset And Death
443X 12 - 1	do Commission Consect and Design
Immediate cause (a)	The state of the s
Antecedent causes (s)	10 00 11 10 20 10
Diseases or conditions, if any,	esure Carkes-Vose Hes do Ju.
giving rise to the above cause stating the underlying cause last. DUE TO	~ . 0 . 0-
Dens a	xlireosolisous 20 ms
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	& Threter. 20 gr.
related to the disease or condition causing death. 19a, DATE OF OPERATION: 19b, MAJOR FINDINGS OF OPERATION	1 20. AUTOPST ?
//	Yes 🗆 No 🗆
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	
SUICIDE OF office bldg., etc.)	(0111 011 10 (11)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	1 HOW DID INJURY OCCUR?
OF While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At Work	
22. I hereby certify that I attended the deceased from	,19, to, 19, that I last saw the deceased
live on //, 19 and that death occurred at	, from the causes and on the date stated above.
SIGNATURE (Degree or tiple)	ADDRESS DATE SIGNED
1 Wil Warren Miss	dause nul 11/10/2)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or equity) (State)
REMOVAL (Specify) 11/14/55 Anian Cen	neters Buitamoulle Mod
	24. FUNERAL DIRECTOR ADDRESS
Mrs. Marie Mette ber	if le With Danaldean Assert Min.
	The water of the same of the s

VS. A15

PLEASE WRITE PLAINLY, WITH

Z 'A UNERUR

5561 ST NO

BECEINED

2411 N. Charles St., Baltimore

10921

Dist No. 170

10918 CERTIFICATE OF DEATH

y item of information carefull

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every is especially impartant. Physicians: please write that

MARGIN RESERVED FOR BINDING

VS A15

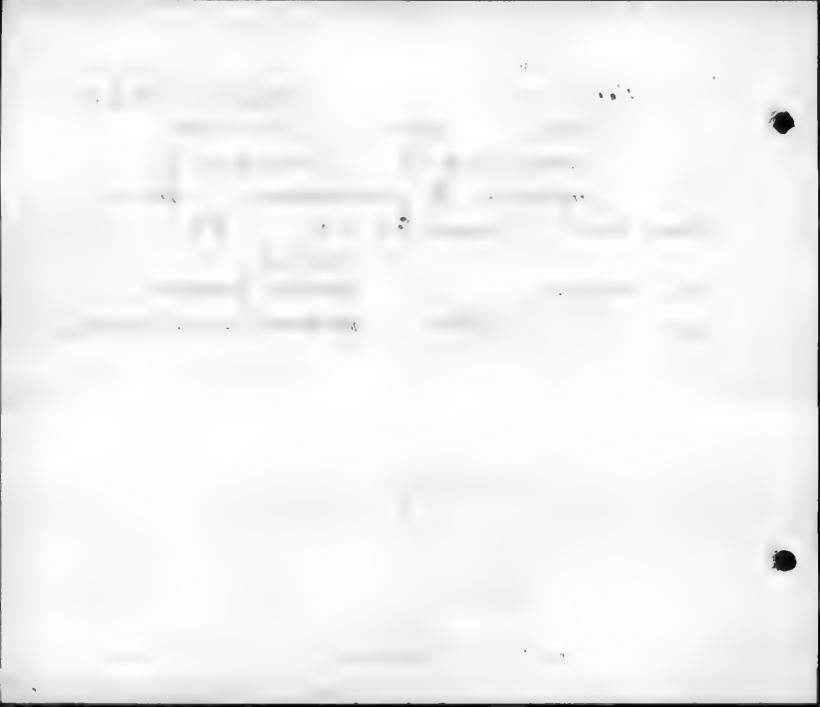
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If ontside city or pays i imits, write RURAL and give nearest town)	State M.d.: County
How long in above place of death?	City or lows. (If outside pity or town limits, write RURAL and give nearest town)
Hospital, Institution, or street-address where death occurred:	Street No. 1928 London and . 1
1928 Loudon ave.	(If rural, give LOCATION)
New long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles W Comes	1 212-05-0635
4. Sex 5. Color or race 6.(a) Single, married, w.dowed, or pivorced	MEDICAL CERTIFICATION
he w married	Mar/ 12 05 1:050
1 70 +	
8.(b) Name of husband or wife Managed Canalal	21. I CERTIFY that death occurred on the date above stated: that battended deceased from
8.(c) If alive, give age 5.7 years	19.35
7. Birth date of deceased (mo. day yr.) Febr. 13.1896	and that I tast saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
59 9 4hrsmin.	12 = = (12 2 - 607)
DH	Marie de la lace
9. Birthplace (Town, pounty, and gate)	Due to
10. Usual occupation Shape Sabarman	- Control of the Cont
11. Industry or business C & P. Telephone Co	Die to Br. Br.
	Diher conditions
	(Include pregnancy within 8 months of death)
14. Maldon name Saine Wunger	Major findings of operations
El 15. Brithpiace Walterstore	
16. Informant Mars Minus & Growt	Autopsy results
Address 1928 Loudon ave.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
13. 1 Want 21 1050	22. VIOLENCE: If death was due to external causes, fill in the fellowing;
(Buriol, cremation, or cohoval Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory oudon bank	Where did injury occur? (City or town) (County) (State)
Location Gattingore	Injured al homo, farm, Industry, public place (where?)
Cu Mal.	Maans of Injury Injured at work?
18. Funeral director	201
Address 1913 W. Kallimore St.	23. SIGNATURE TO DE DE LE LA SIGNATURE TO SIGNATURE SIGN
10 11/01 most Of Herrich Ri	23. SIGHATURE A. M. D. or other
(Date rec'd by registrar)	Address 279% Parte signed 1/1//25

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10922

10919 CERTIFICATE OF DEATH

Reg. Dist. No. /

5		
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
legibly	COUNTY HOWARD MARYLAND	STATE MARYLAND COUNTY HOWARD
7 🖺	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside/corporate limits, write RURAL and give nearest town)
and	OR and give nearest town) (in this place) Y TOWN ELKRIDGE TYPES.	TOWN ELKRIPGE X
>	HOSPITAL OR	STREET (If rural give location)
clearly	MINSTITUTION OR STREET ADDRESS IN HUNT CLUB RD	10 HUNTALUB RD
10		(Last) (Day) (Year)
death	(Type or Print) THERESA M. HAR	2 RINGTON DEATH: NOV. 12, 1953
r de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
2 Of	PEMPLE WHITE (Specify): WIDAWED SEPT	14/883 72 yrs Months Days Hours Min.
causes	10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	IY. BIRTHPLACE (State of foreign country): 12. CITIZEN OF WHAT COUNTRY?
Cat	even if retired);	WISCONSIN
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME.
te t	JOHN BERRA	URSULE GRABRIEL
write the	18. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
96	of service)	MRS HIBERT KATOLA JOHANT CLUB RD
lease	16. MEDICAL CERTIFICAT	THE PETTERN
I D	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	15/X IMMEDIATE CAUSE (A) Mars	ine V.J. Hemon Dan:
ian	ANTECEDENT CAUSE (S)	A may me
sic	DISEASES OR CONDITIONS, IF ANY, (B)	Stomaah C
Physicians	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
-	(c) Te	police Melaolaber
an	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
impo	194 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3	,	YES NO L
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,	ory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
)ec	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	21F. HOW DID INJURY OCCUR?
100 100	M. at work at work	
5 e	22. I hereby certify that I attended the deceased from fon	, 1953, to / LT /2, 1955, that I last saw the deceased
		5 A M, from the causes and on the date stated above.
ect	SIGNATURE	ADDRESS DATE SIGNED
		ERY OR CREMATORY LOCATION (City, town, or county) (State)
COI	REMOVAL (SPECIEV)	
1	ByR)AL 11-15-1955 MEADOWE	
L ₄	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	124, FUNERAL DIRECTOR ADDRESS



ATTENDING PAYSICIAM OF HOPPITAL: The law requires that the death certificam be exacuted within an hours after death. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.3 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third capy of this death certificate assembly should be detached for use as a burial transit permit. MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10920CERTIFICATE OF DEATH

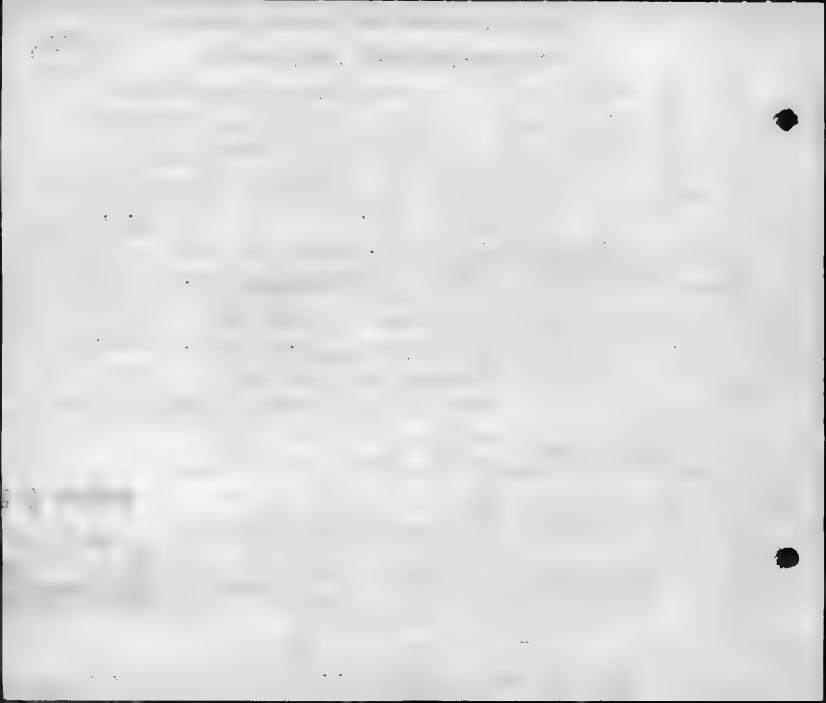
MSTRUCTIONS

The bottom copy may be retained by the hospital or attending physician.

10923

Reg. Dist. No. 192

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECE	ASED
COUNTY HOWARD MARYLAND	STATEMENT STATEMENT II	oward
CTTY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (In this place)	CITY (If outside corporate limits, write RURAL and giv	ve nearest fown)
Y TOWN Marriottsville	TOWN Marriottsville	X
HOSPITAL OR	2 [KEE] Is to test the second of the second	ntion) /
INSTITUTION OR Marriottsville Road	Marriottsville Road	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
(Type or Print) LESTER CLYDE HINCKLE Sr.	DEATH NO	v. 26,1955 19
5. SEX 4. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF		UNDER 1 YEAR IF UNDER 24 HRS.
	0.1908 47 yrs. Mor	nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even M OR INDUSTRY relired) Truck Driver Gas Line	Momenan Country Ma	COUNTRY?
reinad Truck Driver Gas Line	Morgan County Va.	
Elmer Hinckle	Verna Moore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or dates of service) \$97-101-691	Mrs Fine Vinekle Marmi	ottowille 163
NO 18, MEDICAL GER	Mrs.Edna Hinckle, Marri	INTERVAL BETWEEN
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
160 X IMMEDIATE CAUSE (A) CASTRIC GO	STRUCTION	& Mo.
ANTECEDENT CAUSE(S) DUE TO	TIC CARCINOMA	3 MO.
CIVING DISE TO THE ABOVE CALLS	IC CHRCINOTTI	
STATING UNDERLYING CAUSE LAST, DUE TO	2 CARCINOMA OF	7 MO.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	- 4//(0//00////	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 4FFT NAS	OL CAVITY	
190. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0		YES NO D
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) If EITHER, NOTIFY MEDICAL EXAMINER	1c. WHERE DID INJURY OCCUR? (City or lown)	(County) (State)
21d. TiME OF INJURY (Month) (Day) (Yaar) (Hour) Zie. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. al work et work		
22. I hereby certify that I attended the deceased from	1055 to May, 1055	hat I last saw the deceased
70	7 40 PM from the source and an the date	etated shows
alive on	ADDRESS (Street, city, town sie	ie) DATE SIGNED
Word Etal	Elect Ct. Us.	11-28-50
M. D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY IOCATION (City, town, or	county) (State)
REMOVAL (SPECIFY)		
Burial 12-1-1955 Logan Vall	ev Belleville, P.	ADDRESS
m = 20 100x (11: 11: 1/11.	_	71201120
DATE/W. 18, 1952 Welle W. Harr	F.C. Higinbothom, Ellicott C.	anvald.
per. E.A. S.		



TO ATTENDING PAYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

4 hours after death,

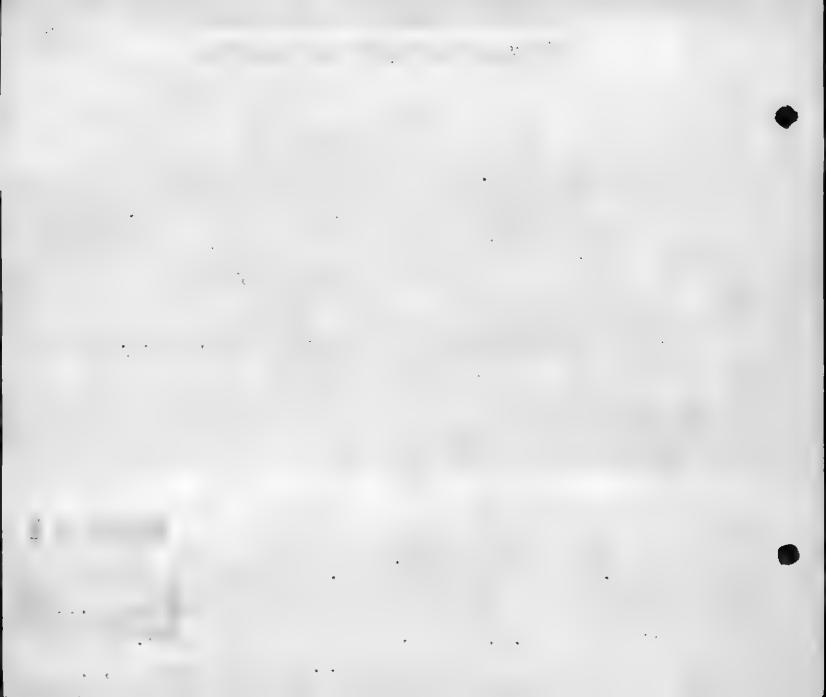
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19921 CERTIFICATE OF DEATH

10924

Reg. Dist. No.

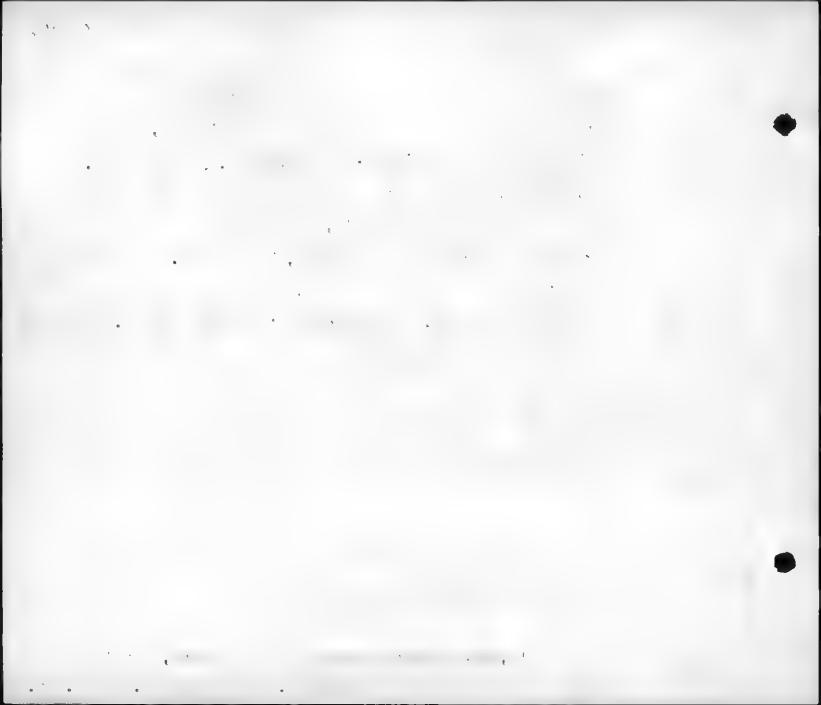
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Howard Maryland	state Maryland county Howard
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY (if outside corporate limits, write RURAL end give neerest town) OR
X TOWN Elkridge	TOWN Elkridge
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
STREET ADDRESS Meadowridge Ave.	Meadowridge Ave
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yaer)
(Type or Print) Kate Mary Ellen	Jackson DEATH Nov. 18.1955 19
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. C	DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
RACE WIDOWED, DIVORCED,	Months Days Hours Min.
	ut 1870 ? 85 yn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
refired) At Home None	Howard County Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNICIANALY. Abe Matthews	Wokner Wary Granger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	IO. 17, INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or dates of service)	
14 No None	Mobel Fldridge Severn Md.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
4 Immediate cause (A) Cardio Valvul	ar Disease
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE-OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO .
21a. ACCIDENT WAS UNDERLYING ☐ 21b PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) [IF EITHER, NOTIFY MEDICAL EXAMINER]	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yoar) (Hour) 21e. INJURY OCCURRED	21f, HOW DID INJURY OCCUR?
While Not while	THE HOTE DOCUMENT OF COMME
M. et work et work	
M. at work et work	
22. I hereby certify that I attended the deceased from NOV.	1,195519, to
22. I hereby certify that I attended the deceased from NOV.	1,195519, to
22. I hereby certify that I attended the deceased from NOW.] alive onNov.] 19.55, and that death occurrence of the state of	1.1.95519, to
22. I hereby certify that I attended the deceased from NOV. alive onNov. 11.7	1.195519, to
22. I hereby certify that I attended the deceased from NOW I alive on NOW I 1955 and that death occurrence of the second	1,195519, to
22. I hereby certify that I attended the deceased from NOW I alive on NOW I 1955 and that death occurrence of the second	1.1.95519, to



10925 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4	0922	CERTIFICATE	OR DEATH
- 6	1176.	T / 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

. The	10922 CERTIFICATI	E OF DEATH Reg. Dist. No.
JIII	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
carefully.	COUNTY HOWARD MARYLAND	STATE Marylandunty 3 v'c/ 4
can leg	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
tton	OR and give nearest town) City (in this place)	TOWN Baltimore, Maryland
ly 8	HOSPITAL OR	STREET (If rural give location)
orm	A STREET ADDRESS Highland Manor Nursing H	3249 E. altimore St.
m of informa	3. NAME OF (First) (Middle)	(Last) A. DATE (Month) (Day) (Year)
of ath	DECEASED. (Type or Print) Charles Edward Miller	OF NOV 9 ,195519
item of information of death clearly and		OF BIRTH: 9. AGE last birthday Ir under 1 YEAR IF UNDER 24 HAS.
	IOA USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
y every	work done during most of working life. even if retired): earpenter or industry: earpenter	Trappe, Talbot Cty. USA USA
ipply the	13. FATHER'S NAME:	14, MOTHER'S MAIDEN NAME:
Supply te the c	Miller	7
100	15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
G INK.	no of service) none none	Mrs Bertie Keidel 611 N. Robinsons
UNFADING sicians: plea	18. MEDICAL CERTIFICAT	ONSET AND DEATH
AD s:	334-X IMMEDIATE CAUSE (A) Cerellal	a de Cer Heiselersis
TH UNFA	ANTECEDENT CAUSE (8)	10.
0,	DISEASES OR CONDITIONS, IF ANY, (B) Several	a ad Cer fliosclerosis
r'H Phy	DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	3
—	(C)	
~ 63	TO THE DEATH BUT NOT RELATED TO THE DESTRICTION OF THE DISEASE OR CONDITION CAUSING DEATH.	State- refusal to later move about
PLAINLY ly import	19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	
3		YES NO
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County) (State)
WRITE especia	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	P 21F. HOW DID INJURY OCCUR?
E	OF INJURY While Work Not while at work	
OR e is	22. I hereby certify that I attended the deceased from 9/	21 , 19 53, to . 9/9, 19 3.1, that I last saw the deceased
D/I	= \$ 10	
TYPE rect ag	SIGNATURE	ADDRESS DATE SIGNED
	Must Mulley M	1.0,5226 Ball. Nov. Pilke 11/10/51
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	
PLEASE	Burial / NOV 12,1958 Denton C	
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
	11/10/00 1 (1. H. Hedsichi - Kelt	John A. Moran 3000 E. Balto. St.

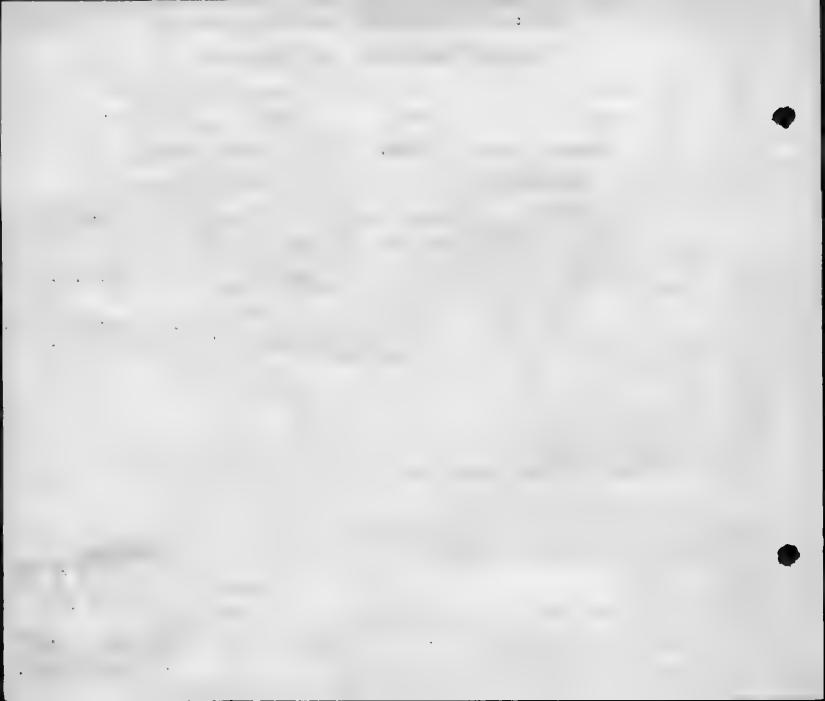




10924 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED
county Howard	MARYLAND	STATE Marylan	ad county	Howard
CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and	give nearest town)
OR and give nearest town)	(in this place)	OR		- 4
HOSPITAL OR	al) 70 yrs.	ELK	ridge (rura	
/ INSTITUTION OR		STREET ADDRESS	(If rure) give	location)
STREET ADDRESS Montgomery	Road		tgomery Road	· · · · · · · · · · · · · · · · · · ·
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month	(Day) (Year)
(Type of Print) my received a	MA DOT	O C MED TIT	OF DEATH	
5. SEX 6. COLOR OR 1 7. SINGL	MARY E, MARRIED, 18. DATE	O'NEILL		Nov. 24 19 55
RACE WIDO	WED, DIVORCED,		_	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Female White Special	Widowed Sept	. 15, 1885	70 yn. '	Hours Min.
10e. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT
done during most of working life, even if retired Housewife	OR INDUSTRY Own Home	Maryland		U. S. A.
13. FATHER'S NAME	Own nome	14. MOTHER'S MAIDEN N	1.0.010	U. D. A.
William Sin	ion	Mar	y Otten	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS Box 3.	47 Elkridge 27, M
Yes, no, or unk.) (If Yes, give war or detes of service	None	Miss Cocil:		ontgomery Rd.
NO	18. MEDICAL CE		100 U 1101111 13	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH	·		ONSET AND DEATH
$493 \times \text{IMMEDIATE CAUSE}$ (A) _	preumon-	u fet l	Love	5 24,0
ANTECEDENT CAUSE(S)	7 : .	/ "		
DISEASES OR CONDITIONS, IF ANY, (B)	Colonlac	Storker.	I Reckming	Sect 3 des.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, BUE TO			y	
(c)	Angerel.	2		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	7			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	NDINGS OF OPERATION			20. AUTOPSY?
				YES NO V
	CE (Home, ferm, fectory,	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY	street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hou		211. HOW DID INJURY OCCUR	7	
M	While Not while			
		C-V	1. 1	
22. I hereby certify that I attended th	ل کر deceased fromک		1,12,4, 1922.	, that I last saw the deceased
alive on	, and that death occurred :	at 9 AM, from the c	auses and on the da	te stated above.
BIGNATURE)		ADDR	ESS (Street, city, town,	state) DATE SIGNED
(1) 1 / blint	M.D.	4603 Edra	don her	11/21/1
23. BUR AL, CREMATION, DATE THEREOF	NAME OF CEMETERY O		LOCATION (City, Iown,	or county) (State)
Burial 11/28	55 St. Mary's	Cemetery	Ilchester H	oward Co. Md.
24. REC'D BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR'S		ADDRESS
DATE NOV. 26 12 mies	E. Bur Willi	Enston!	It was Cat	onsville - 28 Md.

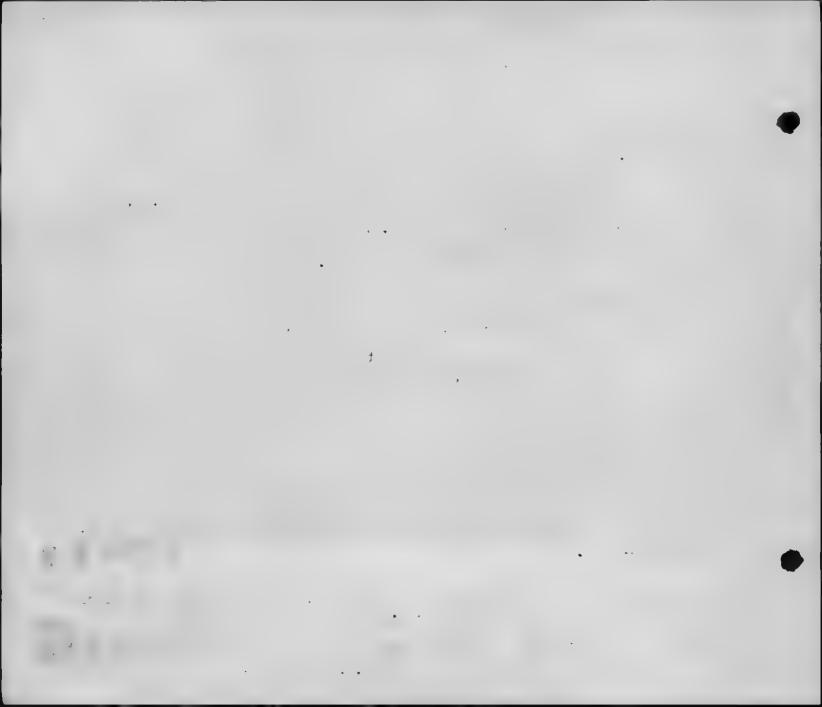


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH No. 19.4.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Howard MARYLAND	state Maryland county Howard
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Ridgeville	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Daniels
HOSPITAL OR Rt. 144 2 mile east of Ridgeville ASTREET ADDRESS Md	STREET (If rural, give location)
2. NAME OF (First) (Middle) DECEASED: (Type or Print) GUY FENLEY PERF	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Nov. 20.1955 19
RACE: WIDOWED, DIVORCED,	E OF BIRTII: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. Montbs Days Hours Min.
Male White Specificate Feb	• U 9 L7 < 7 40 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	_ GOUNTRY?
even if retired)Faborer Woolen Mill 13. FATHER'S NAME:	Tenn.
John Perry	Susan Seals
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) 216-24-0328	Wiley Brewer, Ellicott City, Md
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: From Merical Cause (a)Vertebrae., Fracture DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes 🗆 No 📜
21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH.	y, 21c. (City or town) (County) (2 (State) 2. Z mile east Howard Md
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY11-20-55 4.15 Pm. While at work of at work of	/ Passencer in Auto struck wall
22. I hereby certify that I took charge of the remains descr	ibed above, held an Autopsy [], Inspection X], Inquiry X], and ident X], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAM. M. D. ASSISTANT MEDICAL EXAM.
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify):	RY OR CREMATORY LOCATION (City, town, or county) (State)
Burial 11-23-55 Good Shepher	Ellicott City, Md
11-22-55 John B. Longham	F.C. Higinbothom, Ellicott_City, Md

A15A - 5 - 53 ZS.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



The correct age

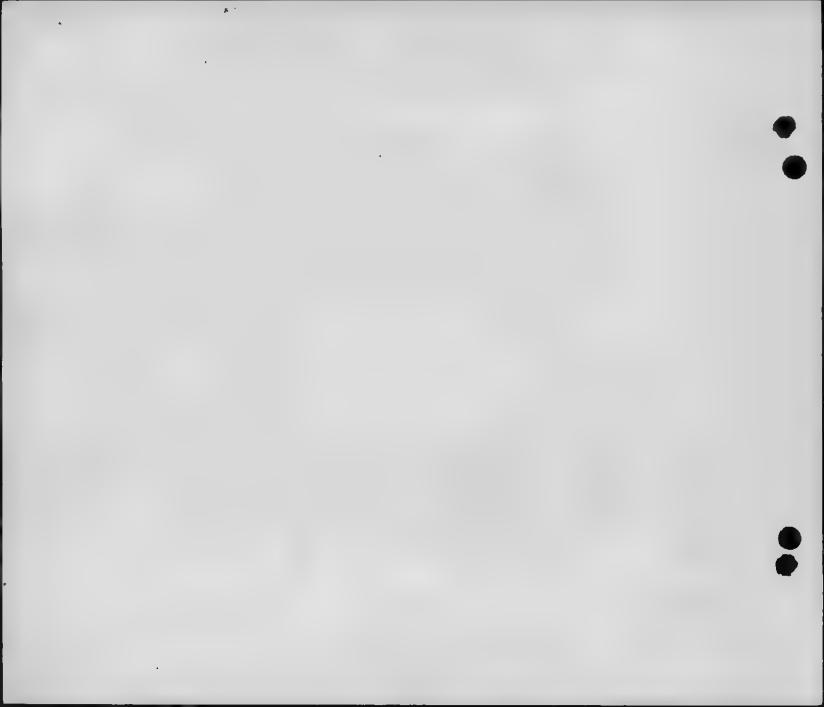
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

10926 CERTIFICATE OF DEATH

_	_		ž.
Reg.	Dist.	No	l

					
1. PLACE OF DEATH.			2. USUAL RESIDENCE (HO		TOTAL /
COUNTY HOW	ard	MARYLAND	STATE Maryla	and coun	(XI
CITY (Il outside corpora	ate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corporate	e limits, write RURAL and	give nearest town)
OR give nearest town	Ellicott (City (in this place)	TOWN Baltim	iore	v i st
HOSPITAL OR			STREET	(If rural, give location)	
70 INSTITUTION OR STREET ADDRESS	Highland	Manor Nursing	ADDRESS 1900 E	I. Eager Stre	eet /
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	MAURICE	P	RITCHETT	DEATH Novemb	
	COLOR OR RACE	7. SINGLE, MARRIED.		. AGE last birthday If und	er I year ill under 24 hra
Male	White	WIDOWED, DIVORCED, (SpecifylldOWEL	Aug. 16, 1875	80 ym. Mont	ha Days Hours Min.
10s. USUAL OCCUPATIO	N (Give kind of work	10b. KIND OF BUSINESS OF	11. BIRTHPLACE (State or)		12. CITIZEN OF WHAT
done during most of working	g life, even if retired)	contractors	Baltimore, M	larvland	CoUSA
13. FATHER'S NAME		UUII UA MU UUA N	1 14. MOTHER'S MAIDEN P	NAMÉ	0042
	Pritchet	tt	unknown	1	
15 Was Decreased Even I	MITS Aparen Former	7 1 16 SOUTH SHOUTHEN NO.	17. INFORMANT AND A		
(Yes, no or unknown) (If y	res, give war or dates o	" 217-07-449z		J. Pritcheti	t
I. DISEASES OR CONDI	MICHAEL DIDECTIV	TRADELIA DA DOLDIT	RTIFICATION 825 Bra	idnurst Road	INTERVAL BETWEEN
,			A .		ONMET AND DEATE
33/Ammediate car	18e (a)	Carehal Han	routingt.		1 morediate
Antecedent ca Diseases or condition glying rise to the stating the underl 11. OTHER SIGNIFICAN Conditions contributing	done, if any, above cause ying cause last (c) T CONDITIONS to the death but not		ivsclin sis +St	in A Cly blins Sel	
related to the disease or	condition causing deat				
IM. DATE OF OPERATI	ION IND. MAJOR P	INDINGS OF OPERATION			20. AUTOPSY1
	1	700			Yes No
21. ACCIDENT (S SUICIDE HOMICIDE	pecify) PLAC OF INJU		(CITY OR TO	WN) (COUNT	Y) (STATE)
TIME (Month) (Day	y) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCCU	JR?	
injury	III.a	Work At work			
		deceased from July			
alive on Nov.	25, 1955, an	d that death occurred at	ADDRESS from the c	auses and on the date	stated above. DATE SIGNED
Uran J.	hil x, 1	5326		ike)	1-28.22
23. BURIAL, CREMATIO REMOVAL (Specify) DUL' 1 A.1	N DATE THERE			CATION (City, town, or co	
DATE REC'D BY LOCA	Nov. 30	STENATURE BALTIMORE		Baltimore, Ma	aryland
BEG. 30 -C	TALZ	Heline	H. SANDER & SO	ONS, INC.	PADDRESS /
	,	9 min			



G WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

	PLAIN
53	WRITE
A15A - 5 -	PLEASE
VS.	

I. PLACE OF DEATH:	He HOHAL DECIMENCH (MANE) OF DECEMEN
	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY HOWard MARYLAND	STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Pt 40	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR COOKSVILLE	STREET (If rural, give location) ADDRESS Rural near Finkstown
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ERNEST RAY ROSS	(Last) 4. DATE (Month) (Day) (Year) OF DEATH NOV-19-1955 19
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT WIDOWED, DIVORGED,	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR IF UNDER 24 HRS. 5-1918 37 yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, cven if retired) a DOY'S CONST. WORK	DR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Clarence T.Ross	Alice Cora Keim
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (II Yes, give war or dates of	Evelyn M. Burkett, 113 First St. Cumberland, Md
Is. MEDIC	CAL CERTIFICATION INTERVAL BETWEEN
Immediate cause (a) DUE TO Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause DUE TO	Lugger & cervied Vertilens instant
stating underlying cause last	
stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	29. AUTOPSY; Yes □ No □
stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH.	y, 21c. (City or town) Coopswille Howard Md
stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY NOT CONTRIBUTING OF Street, office bldg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF While at Not while INJURY // 3 M. Work of at work in the contribution of the c	7. 21c. (City or town) 7. Cookswille Horvard Wed 1 21f. HOW DID INJURY OCCUR? deleased 2 getter 1 Struck rear of gardine Tractor Trailer
Stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., etc. CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bidg., etc. INJURY // 5 // CAUSE OF DEATH. 22d. Time (Month) (Day) (Year) (Hour) OF While at work of the Injury // 195 3 M. Work of at work of the remains described that death resulted from: Natural causes Accident	20. AUTOPSY: Yes \(\) No \(\) Yes \(\) Yes \(\) No \(\) Yes \(\)
Stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY M OR CONTRIBUTING OF Street, office bidg., etc. (CAUSE OF DEATH.) 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY // 19 195. 3 M. work at work of at work of the remains described that death resulted from: Natural causes Accissionature 22. BURIAL, CREMATION DATE THEREOF NAME OF COMMETE REMOVAL (Specify):	20. AUTOPSY: Yes Not Y, 21c. (City or town) Cookwille Forward Will With the word With the word
Stating underlying cause last (c) IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 21a. EXTERNAL CAUSE WAS PRIMARY M OR CONTRIBUTING OF Street, office bidg., etc. (CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) OF Street, office bidg., etc. (NJURY 1.5. Coult 2.6. INJURY 1.5. C	20. AUTOPSY: Yes Not Y, 21c. (City or town) Cookwille Forward Will With the word With the word

DEALED

NOV 25 1955

BUREAU V. S.

VS A15C 1-55 10M

Reg. Dist. No. 19/

CERTIFICATE OF DEATH 10928

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DI	CEASED	
COUNTY Howard	MARYLAND	STATE Marylan	d county	Howard	d
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		rata limits, write RURAL er	nd give nearest	town)
X OR and give neerest fown) X TOWN Ellicott City	(in this place)	TOWN Ellic	ott City		X
HOSPITAL OR		STREET	(il rurel giv	a location)	
on STREET ADDRESS Old Netwick Road		ADDRESS	Natwick Ro		./
DECEASED	Aid dle)	(Last)	4. DATE (Mon		(Year)
		NEFORD	DEATH	Nov.9	1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIVE	DRCED.		AGE last birthday	Months D	EAR IF UNDER 24 H
Male White Married	May	10,1880	75 yrs.	monins	Bys Hours Min
	OF BUSINESS	11. BIRTHPLACE (State or foreign	n country)		CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	AME	- 1	
Unknown		Unkne	WHITE A		
	SOCIAL SECURITY NO.	17. INFORMANT & A			
(Yes, no, or unk.) (If Yes, give wer or detes of service)					011
No 216	-07-9828	Mrs.Mary Lo	ols Frey Ell	lcott	
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION			INTERVAL BETWEEN
151 X IMMEDIATE CAUSE (A) Q	DENACA	RINOMA OF	STAM	Ac.H!	15 MO
AUE 10	70 200 - 1/1	,	0 10 7017	70/1	
DISEASES OR CONDITIONS, IF ANY, (B)	ETASTES	TO 2/V	ER		
STATING UNDERLYING CAUSE LAST. DUE TO					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,					
196. DATE OF OPERATION 196. MAJOR FINDINGS C	OF OPERATION		1 4 7		20. AUTOPSY?
26 ACCIDENT WAS INDEDIVING TO 1 216 BLACE WALL	from forter	21- WHERE DID INTERN OCCUR	3 (7)	(6	YES NO (State)
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	fice bldg., etc.)	21c. WHERE DID INJURY OCCUR		(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. White M. M.		21f. HOW DID INJURY OCCUR	?		
22. I hereby certify that I attended the decease	ad from/ O AUGU	ST 10 55 10 9 1	//V 10.55	that I law	t thut the deser-
alive on La N.P. 19 5 5 and					
SIGNATURE	inat death occurred a	ADDE	euses and on the d	are stated a	DATE SIGNI
112 - 11 11	11/		01		· · · · · · · · · · · · · · · · · · ·
23. BURIAL CREMATION DATE THEREOF.	M.D. /	CREMATORY	LOCATION/Eity, town	, or county)	NOV. 55 /172-
KEMOVAL (SPECIFT)	Desired a mea		-		
Burial Nov.12,1955 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Druid Rid	25. FUNERAL DIRECTOR'S	PLKESVILLE	, Md	DRESS
	P				
DATE YOU. 11, 55 John (B. o	loughran	F.C. Higinboth	CAR, ELLICOTT	olty,	Ma.
1 Per B	E. Lyl.				

HTASG TO STADENTESO SPORTH EMERICAL STREET, AND STREET, A BUREAU V. S. SSERVED AND THE PROPERTY OF TH the ask agent to console heart.